

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 23 AM 10:39

DOCUMENT # LOS000087516

1. Limited Liability Company's Name

BRADLEY Irrigation, L.L.C.

W08-16217

2. Principal Office Address - No P.O. Box #

15287 60th Pl. North

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

LOXAHATCHEE, Florida

City & State

LOX. Fla.

Zip

33470

Country

Palm Beach

Zip

33470

Country

Palm Beach

CR2E041 (12/07)

4. State/Country of Formation

Palm Beach, Florida

5. Date Organized or Qualified
To Do Business in Florida

9-6-05

6. FEI Number

☐ Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Dennis Bradley

Street Address (P.O. Box Number is Not Acceptable)

15287 60th Place North

Suite, Apt. #, Etc.

LOXAHATCHEE, Fla.

33470

City

State

FL

Zip Code

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Dennis Bradley

REGISTERED AGENT MUST SIGN

Date 3-1-08

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MG-RM</u> <u>Owner</u>	<u>Dennis Bradley</u>	<u>15287 60th Pl. North</u>	<u>Lox. Fla. 33470</u>

REINSTATEMENT

W01P 06-08

03/18/08--01012--020 **153.75

500120588685

04/29/08--01035--007 **262.50

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Dennis Bradley

Date 3/1/08

Daytime Phone # 561-719-7402

Typed or printed name of signing Managing Member/Manager

Dennis Bradley